
COMBINED DECLARATION and POWER OF ATTORNEY

As a below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name. I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

TITLE OF INVENTION

PHARMACEUTICAL PREPARATION FOR THE TREATMENT OF SHOCK

SPECIFICATION IDENTIFICATION

the specification of which is attached hereto unless the following box is checked:

- ☒ [X] the specification of which was filed on, as United States Patent Application Serial No. or PCT International 24 June 2005 Application No. PCT/AT2005/000228 and was amended on _____ (if applicable).

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claim(s), as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose all information which is material to patentability as defined in 37 C.F.R. § 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

FOREIGN PRIORITY CLAIM

I hereby claim foreign priority benefits under Title 35 U.S.C. § 119(a)-(d) or (f) or § 365(b) of any foreign application(s) for patent or inventor's certificate, or § 365(a) of any PCT international application(s) which designated at least one country other than the United States of America listed below and have also identified, by checking the box, any foreign application(s) for patent or inventor's certificate or any PCT international application(s) having a filing date before that of the application(s) on which priority is claimed.

(complete (a) or (b))

- (a) ☐ no such applications have been filed.
(b) ☒ such applications have been filed as follows.

Note: If this U.S. application is the national stage of a PCT International Application claiming priority to a non-U.S. application, check item (b), enter the non-U.S. priority details below, and make the priority claim.

COUNTRY	APPLICATION NUMBER	DATE OF FILING (day, month, year)	PRIORITY CLAIMED UNDER § 119 or § 365
Austria	A 1087/2004	25 June 2004	<input checked="" type="checkbox"/> YES NO <input type="checkbox"/>
Austria	A 40/2005	13 January 2005	<input checked="" type="checkbox"/> YES NO <input type="checkbox"/>
			<input type="checkbox"/> YES NO <input type="checkbox"/>
			<input type="checkbox"/> YES NO <input type="checkbox"/>

POWER OF ATTORNEY

I hereby appoint as my attorneys and/or patent agents all attorneys and/or patent agents listed under the following Customer Number, with full power of substitution and revocation, to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

022913 PATENT TRADEMARK OFFICE CUSTOMER NUMBER

All correspondence and telephonic communications should be directed to:

R. BURNS ISRAELSEN
Registration No. 42,685
Telephone (801) 533-9800
Facsimile (801) 328-1707

DECLARATION

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. § 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

SIGNATURE(S)

NOTE: Carefully indicate the family (or last) name, as it should appear on the filing receipt and all other documents.


Full name of sole or first joint inventor

Peter _____ PETZELBAUER _____

(GIVEN NAME)

(MIDDLE INITIAL OR NAME - IF ANY)

FAMILY (OR LAST NAME)

Inventor's signature 

Date June 15, 2006 _____ Country of Citizenship Austria _____

Residence Wien _____ Austria _____

(city)

(State or Country)

Mailing Address Lechthalergasse 49, Haus 17, A-1230 Wien, Austria _____

Full name of second joint inventor, if any

Kai _____ ZACHAROWSKI _____

(GIVEN NAME)

(MIDDLE INITIAL OR NAME - IF ANY)

FAMILY (OR LAST NAME)

Inventor's signature 

Date June 26, 2006 _____ Country of Citizenship Germany _____

Residence Düsseldorf _____ Germany _____

(city)

(State or Country)

Mailing Address Corellistrasse 15, 40593 Düsseldorf, Germany _____

